

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 445-6410



March 23, 1984

ALL-COUNTY LETTER NO. 84-39

TO: ALL COUNTY WELFARE DIRECTORS

ATTENTION: ALL COUNTY ADULT SERVICES PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) APPLICATION FOR  
SOCIAL SERVICES FORM SOC 295 (10/83)

Attached is a sample and instructions for use, of a newly developed two-part carbon interleaved Application for Social Services, Form SOC 295. The SOC 295 is now available in both English and Spanish and may be ordered by submitting a GEN 727-B to:

Department of Social Services Warehouse  
P.O. Box 22429  
Sacramento, California 95822-3799

The cost of these will be .04¢ per set.

This new form is to be used as an application for adult services programs only. You are encouraged to begin using the new form immediately and discard the older version of the SOC 295 upon receipt of your order.

Please contact Pete Hilliard, with Adult Services and Operations Branch, at the above address or call (916) 322-8097 if you have any questions about the SOC 295.

A handwritten signature in cursive script, reading 'Loren D. Buter'.

LOREN D. BUTER  
Deputy Director  
Adult and Family Services Division

Attachments

cc: CWDA

**APPLICATION FOR SOCIAL SERVICES**

**TO THE APPLICANT:** Please complete Sections 1 — 7 on this form. This form is subject to verification.

**NOTE:** Retain your copy of this application. If you have not received a response within 30 days notify the county representative at the telephone number provided below in the "FOR AGENCY USE ONLY" Section.

- \* **SOCIAL SECURITY NUMBER:** It is mandatory that you provide your Social Security Number(s) as required in 42 USC 405 and MPP 30-769.71. This information will be used in eligibility determination and coordinating information with other public agencies.

CASE NUMBER:			DATE OF APPLICATION:	
1. NAME			*SOCIAL SECURITY NUMBER	
ADDRESS			TELEPHONE NUMBER	
CITY	ZIP CODE	BIRTHDATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", GIVE VETERAN CLAIM NUMBER:
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3. Do you receive SSI/SSP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", CHECK YOUR TYPE OF LIVING ARRANGEMENT: <input type="checkbox"/> Independent Living <input type="checkbox"/> Board and Care <input type="checkbox"/> Home of Another
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SERVICES BEING REQUESTED:

4. Have you received In-Home Supportive Services (IHSS) in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", complete the following:
DATE AND PLACE OF SERVICE LAST RECEIVED	NUMBER OF HOURS
NAME USED (IF DIFFERENT FROM ABOVE)	

5. FAMILY MEMBERS IN HOUSEHOLD	BIRTHDATE	*SOCIAL SECURITY NUMBER
NAME OF SPOUSE		
CHILD/OTHER RELATIVE		
CHILD/OTHER RELATIVE		

6. The law requires that information on ethnic, origin and primary language be collected. If you do not complete this section, social service staff will make a determination. The information will not affect your eligibility for service.

MY ETHNIC ORIGIN IS: (Check one box only)	I speak and understand English <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> White (Not of Hispanic origin)	I speak:
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Japanese <input type="checkbox"/> Filipino (Tagalog) <input type="checkbox"/> Korean
<input type="checkbox"/> Black	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Filipino	

7. I affirm that the above information is true to the best of my knowledge and belief. I agree to cooperate fully if verification of the above statements is required in the future.

SIGNATURE OF APPLICANT:	DATE:	SIGNATURE OF APPLICANT'S REPRESENTATIVE:	DATE:
REPRESENTATIVE'S ADDRESS	REPRESENTATIVE'S TELEPHONE NUMBER:	RELATIONSHIP TO APPLICANT:	

**FOR AGENCY USE ONLY**

INCOME ELIGIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATUS ELIGIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	VERIFICATION:	SIGNATURE OF SOCIAL WORKER OR AGENCY REPRESENTATIVE:	TELEPHONE NUMBER: ( )
RECIPIENT STATUS: <input type="checkbox"/> Refugee <input type="checkbox"/> Cuban/Haitian Entrant	HOW WAS DETERMINATION ON REFUGEE OR ENTRANT STATUS MADE? (EXPLAIN)			

**RECERTIFICATION OF ELIGIBILITY FOR SERVICES OF STATUS ELIGIBLES**

DATE	MEANS OF RECERTIFICATION	WORKER SIGNATURE	DATE	MEANS OF RECERTIFICATION	WORKER SIGNATURE

## SOC 295 INSTRUCTIONS

For use of the Application for Social Services form (SOC 295)

### The Applicant or the Applicant's Representative

Sections 1 through 7 of this form require information which should be readily available to the applicant or representative of the applicant. The necessary signature may be that of the applicant, or an authorized representative.

The propriety of an application being signed by an authorized representative is subject to the condition that the authorized representative is named by a legally competent and self-directing applicant.

While the social worker or agency representative receiving the application should assist the applicant, the application should be in the applicant's handwriting, signed and dated by the applicant, unless the applicant is unable to write or is otherwise incapacitated.

The top righthand portion of the application is reserved for agency use in the processing of this application and as a ready reference to this facer sheet.

The agency must enter the date that the application is received. This date may or may not be the same date that the applicant signed the form.

The agency must also enter the number of the agency's social services case number or other required file clearance data.

The form begins in the lefthand corner with: "TO THE APPLICANT": Please complete Sections 1-7 on this form. This form is subject to verification".

The purpose of this last sentence is to alert the applicant of possible verification if there is an inconsistency in the statements made on the form.

### Section 1.

The applicant must supply the identification data for this section.

### Section 2.

The applicant must state his/her veteran status by checking the appropriate YES or NO square, and if YES, by providing the "veteran claim number" in the next box for verification.

### Section 3.

If the applicant receives SSI/SSP benefits, a check mark is entered in the YES square. If the applicant is not an SSI/SSP recipient, a check mark is entered in the NO square.

The applicant must state his/her request for social services by completing the bottom part of this section: "Services Being Requested".

Section 4.

If the applicant has received IHSS in the past, then the appropriate YES or NO box must have a check mark.

The date, county and the services received must be listed under "Date and Place of Service Last Received".

The number of hours received with previous service must be given in the appropriate space. And, the name that was used in the past while receiving prior service, if different from the one provided above, should also be listed under "Name Used".

Section 5.

All of Section 4 must be completed by listing all information being requested. If full name, birth date or Social Security Numbers are not available, this information must be provided in writing, under the applicant's signature before processing can be completed.

Family means the basic family unit in the household.

Section 6.

The law requires that information on ethnic origin and primary language be collected. This information will be provided to our Civil Rights Bureau in SDSS.

Complete the "Ethnic Origin" by placing a check mark in the square that is applicable. Only one square should be checked. If the applicant is not sure, the social worker should make the determination.

If the applicant understands English, then a check mark should be placed in the YES square to complete the question: "I speak and understand English".

If the answer to this question is No, then a check mark must be placed in one of the appropriate squares below. If "Other" is appropriate, then the language must be specified. Also include in the "Other" box if the applicant uses American Sign Language.

Section 7.

The applicant must sign and date in the spaces provided in this section.

For applications signed by other than the applicant, see the introduction to these instructions.

Any inconsistency in the applicant's statements provided on this application must be resolved by social services' questioning the applicant or verification in writing. Any resolutions must be a part of the written case record.

#### Completion of "Agency Only" Information

The bottom portion of this form is reserved for agency use in the determination of eligibility for services and also the recertification for services of status eligibles.

This form has been printed on NCR paper so that a second carbon copy will be automatically printed while the original is being completed. A copy will be given to the applicant after the form has been signed and dated in Section 7. The social worker or agency representative must sign and list their phone number before giving the applicant the form copy. The copy will provide the applicant with necessary information if further contact is necessary during or after the processing period.

#### Income Eligible

This space is provided for the social worker or agency representatives determination on income eligibility.

If gross monthly income does not exceed the maximum allowed, the applicant is income eligible and a check mark should be placed in the YES square.

If the gross monthly income exceeds the maximum that is allowed, the applicant is not income eligible and a check mark will be placed in the NO square.

When a determination is made on income eligibility, the means by which income status was verified must be listed in the appropriate box under "Verification".

#### Status Eligible

This space is for the social worker or agency representative to enter the decision on status eligibility. This can be done by verifying receipt of SSI/SSP. How verification was made should be shown in the box for "Verification".

#### Agency Signature

The signature block and phone number should be filled in prior to giving the applicant their copy of the application form. This information will allow the applicant to make contact with the proper person if additional information has been requested.

#### Recipient Refugee Status

An applicant's status as a refugee must be properly documented in order to assure that the costs of these cases are not charged against our program, but instead to the appropriate refugee program.

The applicable square under "Recipient Status" should be checked, and an explanation provided on how status was determined.

Recertification

At the bottom of this form the recertification of eligibility for social services of status eligibles is documented. There is space provided to accommodate several recertifications and still maintain the same application form.